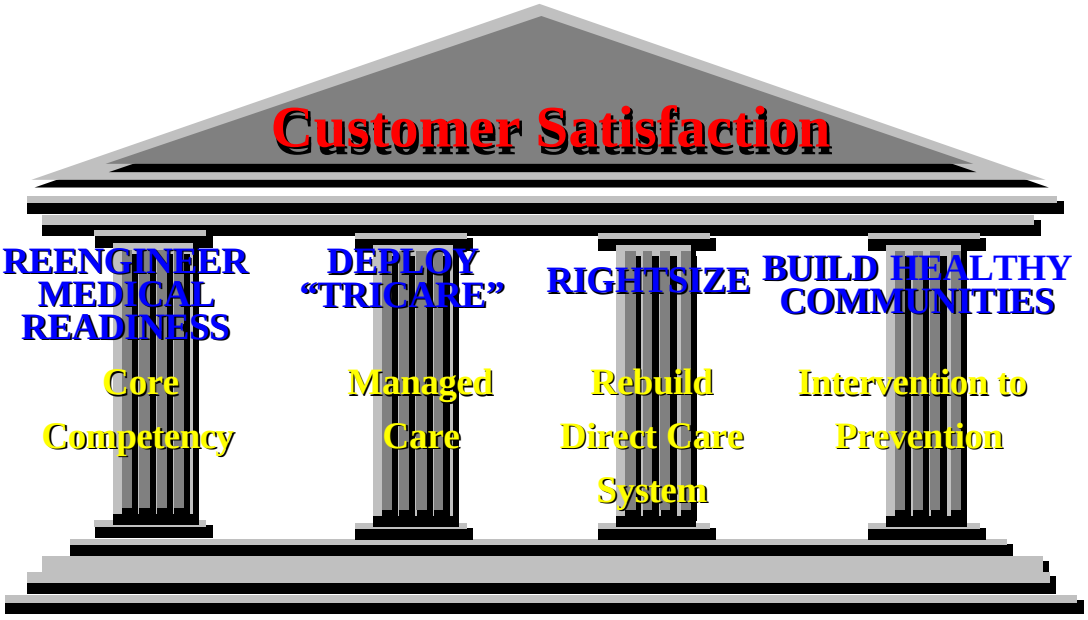
1997

Air Force Medical Service

Senior Leadership Training Symposium

Workbook Appendix

FY 98 AFMS Performance Measurement Tool



INTRODUCTION

In February of this year the Air Force Health System roundtable discussed the lack of standardized performance measurements and incentives to achieve them. We concluded that these deficiencies create significant barriers to improvement in AFMS quality, service and cost efficiency. It was agreed that future evaluations of MTF performance and resource allocation should be based upon standardized measurements of performance. While it is clear our efforts in JCAHO/HSI accreditation process will continue, the creation of an AFMS Performance Measurement Tool which uses standardized metrics and automates data collection (particularly for the AFMS as an accountable health care plan with an enrolled population) is a critical prerequisite to meeting our goals.

This Workbook Appendix outlines the FY 98 AFMS Performance Measurement Tool. Performance is assessed in the 3 major areas of "quality" in health care: technical outcome (readiness and managed care), customer service and financial performance. It is important to remember that this initial step represents a critical effort toward more comprehensive health system assessment. The current benchmark for health care plans used by purchasers is the Health Plan Employer Data Information Set (HEDIS 3.0), which is attached as a reference document. The AFMS Performance Measurement Tool establishes the foundation upon which future performance assessment enhancements will be built. These critical "foundation-building metrics" include promoting data integrity to assure enrollment data is correct (assuring correct funding of our MTF's as DOD moves tocapitation financing), identifying functional and technical deficiencies early and addressing them quickly through standardized "bridge" automated solutions. This effort does not replace, but rather compliments and is consistent with the broader MHSS automation plan ("Emerald City"). Our goal is to make data collection, analysis and utilization as easy and as automated as possible for AFMS personnel to support continued quality improvement.

The performance measures identified in this document and their automation solutions represent a first, but critically important step toward incorporating the principles of utilization management/quality management (QM/UM) into AFMS practice. Data is to being drawn from existing systems (DEERS, ADS, CHCS, ALPHA ROSTERS) using standardized definitions and programmed technical solutions. Deployment and implementation of ADS2.0 (scheduled to be complete by September 1997) will greatly facilitate this effort. Local retrieval and analysis and MTF comparisons accessible by the users using worldwide web technology is planned to be in place NLT 1 Oct 97.

Initial metrics for the technical area were alpha tested at the MTFs at Bolling, Davis-Monthan, Kirtland, Patrick AFBs and Wilford Hall Medical Center. Following this test, the clinical metrics went through another round of refinements which were then laboratory tested with the critical assistance of HQ ACC/SG personnel during an Applications Laboratory Meeting conducted at the 1MDG, Langley AFB, VA on 19 and 20 March 1997. This meeting included over thirty functional and technical experts who were brought together to further scrutinize

metrics in all three areas and to write the computer programs necessary to extract data for each of the metrics. Follow-on testing was accomplished at Barksdale, Offutt and Whiteman AFBs.

It is said by many experts in the field that "What gets measured gets managed". The FY98 AFMS Performance Measurement Tool represents the "doable" in the near term as opposed to the "ideal". The "desired" end state is an accountable health plan with data-driven quality improvement "built-in", not "added on". These performance measures are a major step in moving us toward improved information for better resource allocation, quality, and demand/disease management decisions---at all levels. The AFMS Performance Measurement Tool will be refined and improved between now and 1 October 97. As the AFMS' center for health services research, the Office for Prevention and Health Services Assessment (OPHSA) and related Workgroups will be aggressively attacking the metrics that do not yet have ad hocs specified or that are labor intensive. In addition, other clinical quality improvement efforts, such as the development and implementation of clinical practice parameters (e.g. "Put Prevention Into Practice," Hear/PPIP Support Office, Preventive Health Care System, etc.) will be coordinated through OPHSA for maximum impact and accessibility.

These metrics and their ad hoc solutions already specified should be used NOW to help learn the principles and practices of integrating existing systems and processes to improve the quality of care.

MHSS Performance Report Card

Area	Performance Measure	Training Wheels Capability
ccess	Satisfaction With Access	Customer Satisfaction Metric #1: Satisfaction With Access To Appointments
	% Meeting Appointment Waiting Standards	Customer Satisfaction Metric #2: Satisfaction With Access To System Resources
	Prime AD Enrollment Rate	Customer Satisfaction Metric #3: TRICARE Encounter Waiting Times Standard Clinic Metric #1: Percent of AD Enrolled in DEERS
uality	Medical Readiness Trained and Certified	
	Dental Readiness	Clinical Metric #7: Percent of ADAF On Base In Dental Class 1 or 2
	Satisfaction with Quality	Customer Satisfaction Metric #4: Satisfaction With Quality
	% AD Women with Pap Smear	PHCS Summer 98; ADAF BRFSS provides additional data; Clinical Metric #5: Patient notification of Pap results one step beyond
	%Women >50 with Mammogram	PHCS Summer 98; ADAF BRFSS provides additional data; Clinical Metric #4: Notification of Mammogram one step beyond
	%Patients with Cholesterol Screen	PHCS Summer 98; ADAF BRFSS provides additional data
	Childhood Immunization Rates	PHCS Summer 98
	JCAHO Grid Scores	
	JCAHO Accreditation	
tilization	AD Preventable Admission Rates	Not included in Training Wheels at this time: SIDR and DMIS data do not link to enrolled population at a particular base
	ADFM Preventable Admission Rates	Not included in Training Wheels at this time: SIDR and DMIS data do not link to enrolled population at a particular base
	AD Bed Day Rates	SIDR and DMIS data do not link to enrolled population at a particular base
	ADFM Bed Day Rates	Enrolled population not in place at many MTF's; SIDR and DMIS data do not link to enrolled population at a particular base
ealth ehaviors	% AD Smoked Last 30 Days	HEAR; software available for administering to AD Summer 97
	%AD Problem Drinkers	HEAR; software available for administering to AD Summer 97
	%AD Dependent on Alcohol	HEAR; software available for administering to AD Summer 97
ealth tatus	Perceived Physical Health - AD	
	Perceived Physical Health - ADFM	
	Perceived Mental Health - AD	
	Perceived Mental Health - ADFM	

MEDICAL SORTS REPORT

AREA	Performance Measure
Mobility Immunization	Count as available only if the individual is current on all standard mobility immunization (Ref: Table 1, AFI 48-110, Immunizations and Chemoprophylaxis). Initially, this will be tracked by each Squadron Readiness NCO by reviewing individual PHS Forms 731, interacting with Public Health concerning immunization frequencies. An automated immunization tracking system is being tested at this time.
4T Medical Profile	Count as available only if the individual is not currently on a 4T medical profile. This will be sent to Squadrons in a monthly Preventive Health Assessment Report.
Air Force Fitness Standards	Count as available only if the individual is in compliance with Air Force Fitness Standards (AFI 40-501, The Air Force Fitness Program). Cardiorespiratory (aerobic) fitness is the single best indicator of total physical fitness.
Dental Class 1 or 2	Count as available if the individual has a Dental Classification of Class 1 or 2) Class 3 is identified as increased potential of dental emergency within the next 12 months; Class 4 is status unknown). The Dental Clinic will maintain an updated roster on a monthly basis.

MARYLAND HOSPITAL QUALITY INDICATORS

All inpatient MTFs participate in Inpatient Indicators I-X

All inpatient MTFs with a sufficiently large Emergency Department participate in Indicators A-1 through A-5

Currently not reporting Psychiatric, or Long Term Care Indicators

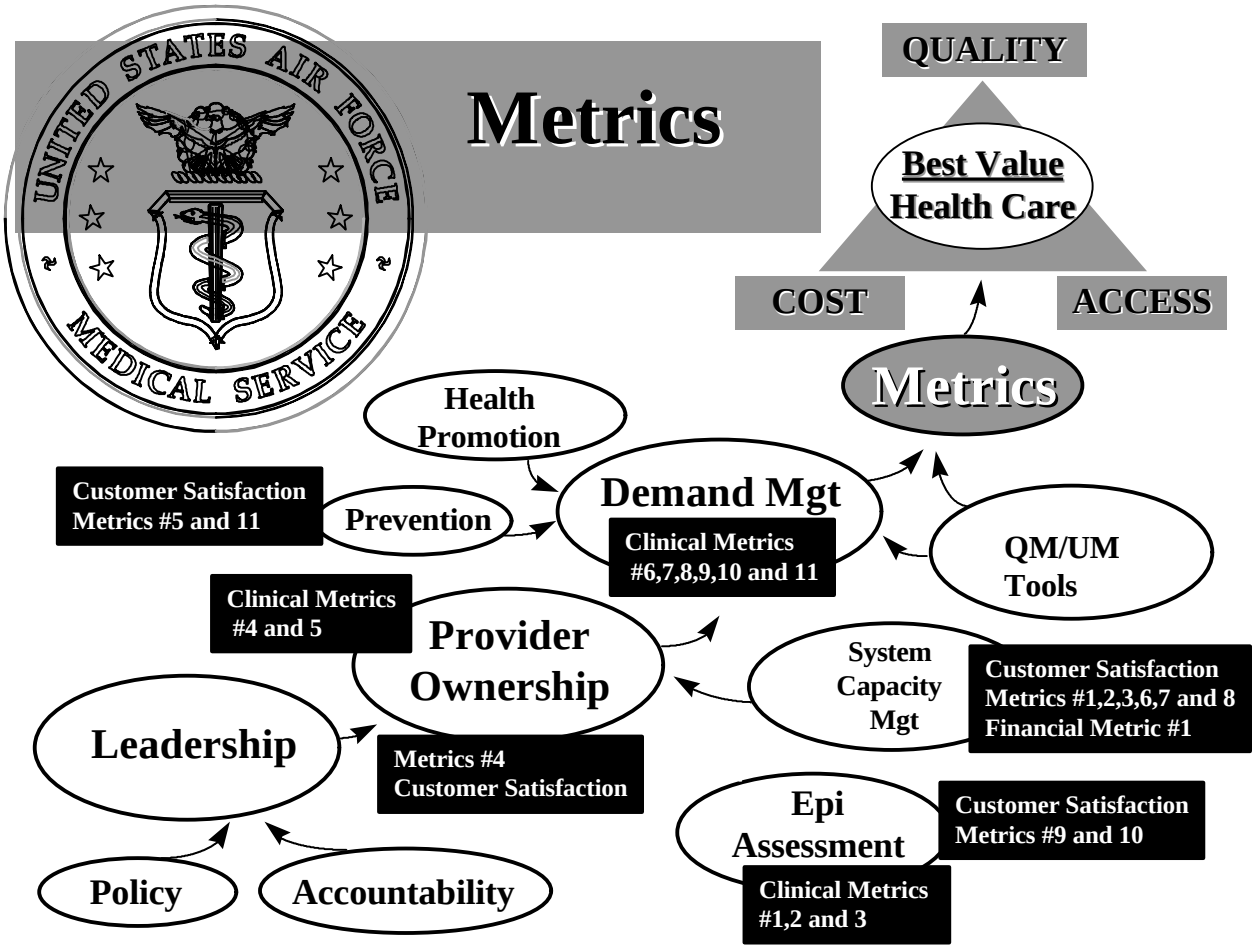
MTF's are provided detailed specifications and provide numerator and denominator data on a quarterly basis to their MAJCOM and to HQ AFMOA/SGOC

There is no standard automated process at present. Technical Workgroups will address applying Web technology. Operational by 1 October 97.

MARYLAND HOSPITAL ASSOCIATION
QUALITY INDICATOR

Area	Performance Measure
Inpatient Indicators	I: Hospital Acquired Infections II: Surgical Wound Infections III: Inpatient Mortality IV: Neonatal Mortality V: Perioperative Mortality VI: Cesarean Sections VII: Unscheduled Readmissions VIII: Unscheduled Admissions Following Ambulatory Procedure IX: Unscheduled Returns to a Special Care Unit X: Unscheduled Returns to the Operating Room
Ambulatory Indicators	A-1: Unscheduled Returns to the ED within 72 hours A-2: Registered Patients in the ED Greater than Six Hours A-3: ED Cases Where Discrepancy between Initial and Final X-ray Reports Required an Adjustment in Patient Management A-4: Registered Patients Who Leave the ED Prior to Completion of Treatment A-5: Cancellation of Ambulatory Procedure on the Day of Procedure

Metrics


QUALITY
Best Value Health Care
COST
ACCESS
Metrics
Health Promotion
Customer Satisfaction Metrics #5 and 11
Prevention
Demand Mgt
Clinical Metrics #6,7,8,9,10 and 11
QM/UM Tools
Clinical Metrics #4 and 5
Provider Ownership
System Capacity Mgt
Customer Satisfaction Metrics #1,2,3,6,7 and 8 Financial Metric #1
Leadership
Metrics #4 Customer Satisfaction
Epi Assessment
Customer Satisfaction Metrics #9 and 10
Clinical Metrics #1,2 and 3
Policy
Accountability

FY 98AFMS Performance Measurement Tool

Metric Summary And Categorization

TECHNICAL OUTCOMES

CLINICAL

MANAGED CARE

METRIC #1: The percentage of ADAF members assigned to the base where the MTF is physically located who are enrolled in DEERS.

METRIC #2: The percentage of MTF enrollees in TRICARE Prime that are identified in the DEERS database.

METRIC #3: The percentage of TRICARE Prime (enrollees age 17 and older assigned and active duty enrolled) to the MTF who had completed the Health Enrollment Assessment Review (HEAR) as of the last day of each quarter of the AFMS Report Care Year.

METRIC #4: The percentage of mammograms at the MTF for which the patient was informed of the results within 14 days of the date the test was performed.

METRIC #5: The percentage of all Pap Smear tests reported during a given month for which the patient was informed of results within 14 days of the date of the Pap Smear test.

METRIC #9: The percentage of individuals > 18 years old who where tested glycohemoglobin/Hemoglobin A1C ordered by a provider practicing in the MTF during the Report Card Year.

METRIC #10: The ratio of asthmatic patients age 39 or less who are on preventive medications.

OPERATIONAL/READINESS

METRIC #6: The percentage of active duty members assigned to the base where the MTF is physically located who are current on their Hepatitis A, Tetanus and influenza immunizations at the time they receive their annual influenza immunization for the AFMS Report Card Year.

METRIC #7: The percentage of active duty Air Force (ADAF) members on the base where the MTF is located who are in Dental Class 1 or 2.

METRIC #8: The percent of active duty Air Force (ADAF) members on the adjusted base Alpha Roster who have been tested and met fitness standards according to the fitness program's FITSOFT database.

METRIC #11: Mission Availability: medical loss time not available to meet mission

CUSTOMER SATISFACTION

METRIC # 1: Satisfaction with access to appointments.

METRIC # 2: Satisfaction with access to system resources.

METRIC # 3: TRICARE encounter waiting times standards.

METRIC # 4: Satisfaction with quality.

METRIC # 5: Have a healthcare provider give advice on ways to stay healthy.

METRIC # 6: Number of days between the day of your appointment was made and the day you saw a provider.

METRIC # 7: Customer expectation of number of days to wait for an appointment to occur.

METRIC # 8: Ease of making this appointment by phone.

METRIC # 9: Enrolled in TRICARE prime.

METRIC # 10: Vote with their feet.

METRIC # 11: Satisfaction with advice received about ways to avoid illness and stay healthy.

FINANCIAL PERFORMANCE

METRIC # 1: Spendline - Analysis of actual Vs. budgeted expenditures. Throughput Phase I - Rate of "revenue" generation.

TECHNICAL OUTCOME METRIC # 1

The Percent Of ADAF Members Assigned To The Base Where The MTF Is Physically Located Who Are Enrolled in DEERS

A. **Performance Improvement Goals**: The Defense Enrollment Eligibility Reporting System (DEERS) database is considered the "Gold Standard" database for the DoD medical service by OASD (HA) and the Headquarters of TRICARE Regional contractors. This database will be the financial basis for capitation by defining enrollment in TRICARE Prime. The aim of this metric is to assure the integrity of the DEERS active duty enrollment data and to provide the MTF commander with data that allows proactive actions aimed at maintaining DEERS accurate reflection of the MTF enrolled active duty population. Under capitation budgeting (per member per month), the maximum rate of enrollment of ADAF members is necessary for the greatest reimbursement, as is critical to the financial health of the MTF.

B. **Calculation**: Use the adjusted base Alpha Roster to identify the members who comprise the ADAF strength of the base on which the MTF is located. Then query the DEERS database for those designated enrolled by the "A" in the PRIVILEGE field. Then calculate the percent .

Formula:

*** #ADAF enrolled in DEERS Database**
**** #ADAF on base according to base adjusted Alpha Roster X 100 = % ADAF enrolled on base**

C. ** **Denominator:** The ADAF strength found on the adjusted Base Alpha Roster. Obtain the adjusted Base Alpha Roster by querying DESIRE, eliminating from the number of ADAF personnel those who (1) are inbound PCS, (2) are outbound PCS, or (3) are on terminal leave.

D. * **Numerator:** The number of ADAF members in the denominator data set who are shown as "enrolled" in the DEERS database by a "A" in the PRIVILEGE field

E. **Standards/Benchmarks**: 100% match.

F. **QM/UM Mapping to:** Element # 6: ENROLLED POPULATION
Element # 15: DATA COLLECTION/ANALYSIS

G. **POC:**. Major Devin Satz, HQ AFMOA/SGO; DSN 297-1733 ext. *362

H. **Frequency.** Monthly for first quarter of FY 98, then Quarterly.

I . **Notes**: DoD must provide medical care to its Active Duty service members, and legally they are "impaneled". The MTFs do require that an ADAF member actually enroll through CHCS as soon as possible after arrival on base. At this time he/she is entered into CHCS and assigned a PCM (verifying against DEERS or the contractor's system depending on region), and thereby the MTF "achieves" reimbursement under capitation. It is anticipated that in the near future the DEERS database will be the financial basis for capitation reimbursement for active duty. Thus the critical need for MTF commanders

to be aware of the integrity of the DEERS data. Currently the adjusted Alpha Roster is the "gold standard" for the number of active duty members the commander should expect reimbursement. This metric drives the improvement of the DEERS as early as possible.

J.	**Automation Status/Plan:**	Functional/Technical Workgroup convened	Week of 27th May 97
		Ad Hoc solutions/Field testing	June 97
		Results presented to Workgroup for validation	31 July 97
		Operational	NLT 30 September 97

AD HOC: HOW TO OBTAIN THE DENOMINATOR FOR TECHNICAL OUTCOME METRIC # 1

INSTRUCTIONS TO OBTAIN THE ALPHA ROSTER:

1.SOURCE(S)

Several potential sources exist for the alpha roster. 1.) Occupational medicine usually gets an updated alpha roster on at least a monthly basis. 2.) If you are in ACC then the alpha roster is downloaded automatically to the MPH Office.3.) this can be requested on a floppy disk (or 2) from the MPF.

2.UPLOADING

Whatever the source the file can be uploaded as a *.txt* file. This can be done in ACCESS or EXCEL. The process is similar in both but the routine is this:

1.Open the program

2. Select "NEW" from the File menu
3. Name the file so that you can recognize it
4. From the file menu choose "IMPORT"
5. You will get a window asking you for the location of the file and to describe the type of file it is….select the appropriate drive (A:\, C:\ or your network drive) and note that the file is a text file by typing or choosing "txt". If the name of your file does not show up then in the blank box next to NAME type "*.*" this will call up all files and your's should be shown if you are on the correct drive.
6. You will get a screen asking what type of file you are importing…click "Fixed Width"
7. You will then be asked to parse, separate into data fields, the information. Follow the onscreen instructions to add , delete and move arrows (N.B. Remember to use the scroll bar at the bottom to get to the next columns rather than clicking on "Next")
8. You will then be asked to describe the width of the data field and to choose what type of data (number or text and so on) unless you intend upon combining numbers mathematically you should choose "text". Also pick a reasonable size for your data field.
9. When you choose now the directions at the bottom will say "Finish". This will pull the program into your program.

10. Save the data as an Excel or ACCESS file right away. You can now manipulate the data.

The data an be brought into ACCESS at this time, if you are not already there by the following:

1. Open ACCESS
2. Choose File, then choose NEW
3. Name the database
4. Go to “File” and choose “Import”
5. Use the box to locate your database and then select it.
6. Repeat this process while in the “Table” box of ACCESS and add the other database.

To run the Query do the following:

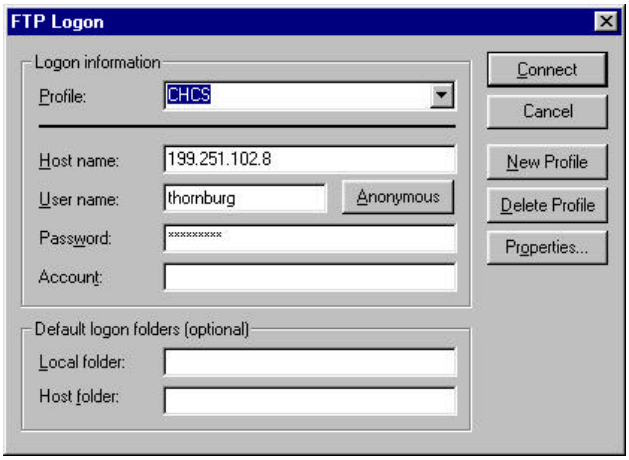
1. With the database opened select “Query” on the view box
2. Select NEW
3. Select “Design view”
4. Double click on both of the databases
5. Place your cursor on SSN in one database and drag it to the SSN in the other database
6. Choose FMP in the DEERS database and double click
7. Choose SSN on DEERS and double click
8. Choose Address from the Alpha roster and double click
9. Choose “Privilege” from the DEERS roster
10. Double click on the “SUM” sign on the toolbox (you know the funny looking E!)
11. Under the FMP column, the two lines beneath the “show” box type “Like 20”
12. Under the “PRIVILEGE” column just below “show” box click and choose “Descending”
13. Run the Query…this can be done by clicking on the exclamation mark.
14. This is your metric…Take all of those not with an “A” in the “PRIVILEGE” column and these need to be corrected, they should be at the bottom.
15. Take the number with “A” designations and divide by the number of files on the alpha roster; multiply by 100 and this is your percent.

AD HOC: HOW TO OBTAIN THE NUMERATOR FOR TECHNICAL OUTCOME METRIC # 1

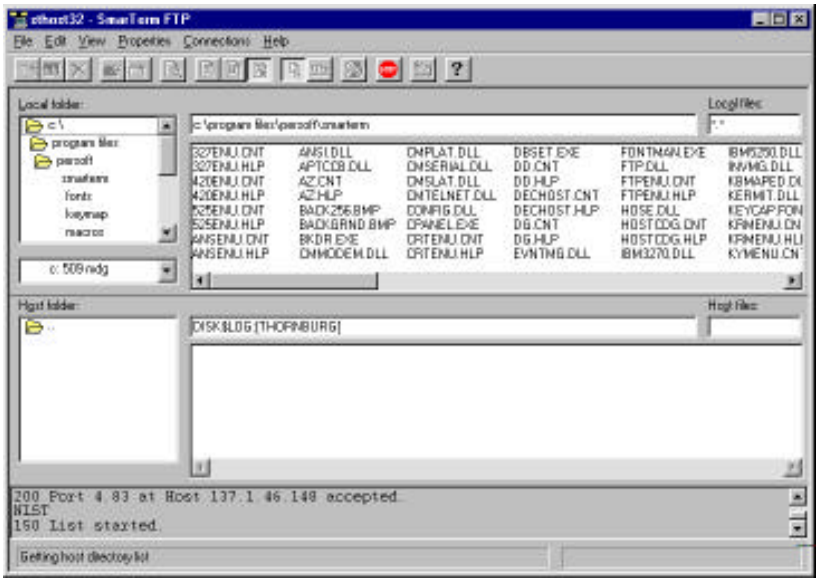
SmarTerm Connection Pack FTP

The SmarTerm Connection Pack has drag and drop FTP. The first screen you will see is shown below. You will need the following to get connected to any other system.

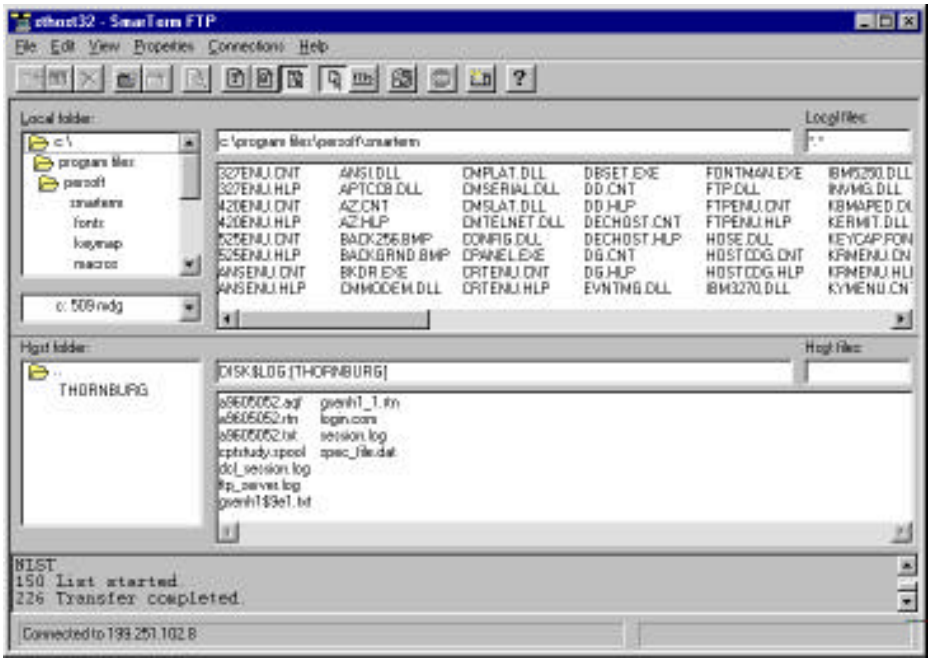
1. An account in the system you wish to access
2. the IP address of the system



After connection to the system is made you will see the following screen. The top box reflects the local network you are on. You may FTP files anywhere on the network by changing to the appropriate drive and directory



The bottom represents the connected system. After finding the file you wish to retrieve highlight it and drag it to the upper box and let go. The FTP software is designed to adjust to the system you are in and retrieve the file in the proper mode. If this does not work you can adjust the settings under Properties



This software will allow you to adjust it to use the old method for FTP if you wish

The ADS file can be found in /extractsader

The CHCS file can be found in DISK$LOG:[CHCS]

TECHNICAL OUTCOMEMETRIC # 2

The Percentage Of MTF Enrollees In TRICARE Prime That Are Identified In The DEERS Database

A. **Performance Improvement Goals:** The Defense Enrollment Eligibility Reporting System (DEERS) database is considered the "Gold Standard" database for the DoD medical service by OASD (HA) and the Headquarters of TRICARE Regional contractors. This database will be the financial basis for capitation by defining enrollment in TRICARE Prime. As a result of several procedural flaws it has been identified that the DEERS enrollment numbers often are not the same as the numbers identified in the MCP module of CHCS, a source of data that has been shown to accurately reflect the local enrollment reality (i.e. what the MTF commander and the local TRICARE Service Center believe to be reality). The aim of this metric is to measure the integrity of the DEERS enrollment data and to provide the MTF commander with data that allows proactive actions aimed at maintaining DEERS accurate reflection of the MTF enrolled population.

B. **Calculation:** The metric uses the MCP module of CHCS to identify individuals identified as enrolled to the MTF. This cohort is then compared to the DEERS enrolled MTF population designated by the "A" in the PRIVILEGE field. The ratio is then converted to percentage.

Formula:

$$\frac{*\ \text{\# Enrolled by DEERS}}{**\ \text{\# Enrolled by MCP module of CHCS}} \times 100 = \text{Percent MTF enrollees identified in DEERS database}$$

C. ** **Denominator:** The MCP module of CHCS is used to identify the cohort of individuals who are enrolled to the MTF.

D. * **Numerator:** The number of people in the denominator data set who are also enrolled in DEERS according to an "a" in the Privilege Field.

E. **Standards/Benchmarks:** 100% match

F. **QM/UM Mapping to:** Element # 6: ENROLLED POPULATION
Element # 15: DATA COLLECTION/ANALYSIS

G. **POC:** Major Devin Satz, HQ AFMOA/SGO; DSN 297-1733 ext. *362

H. **Frequency:** Monthly for first quarter of FY 98, then Quarterly.

I. **Notes:**

J. **Automation Status/Plan:**

Currently: The CHCS ad hoc written by MEDSITE pulls all Active Duty SSANs who are enrolled in the MCP module. This ad hoc worked perfectly in field tests and can be used at all MTFs.

Functional/Technical Workgroup convened for DEERS	Week of 27th May 97
Ad Hoc solutions/Field testing	June 97
Results presented to Workgroup for validation	31 July 97
Operational	NLT 30 September 97

AD HOC: HOW TO OBTAIN THE DENOMINATOR FOR TECHNICAL OUTCOME METRIC # 2

GETTING THE MCP MODULE DOWNLOAD FROM CHCS

1.The MCP module can be gotten by the use of an AD HOC. Be sure one of your systems people helps you with downloading and installing this ad hoc.

2. Log onto the WEB
3. Go to www.medsite.brooks.af.mil
4. Click on "AD HOC"
5. Choose A974013 this will come with 3 different tags

   .rtn is the ad hoc routine and it's install program

   .aqf allows for local customization

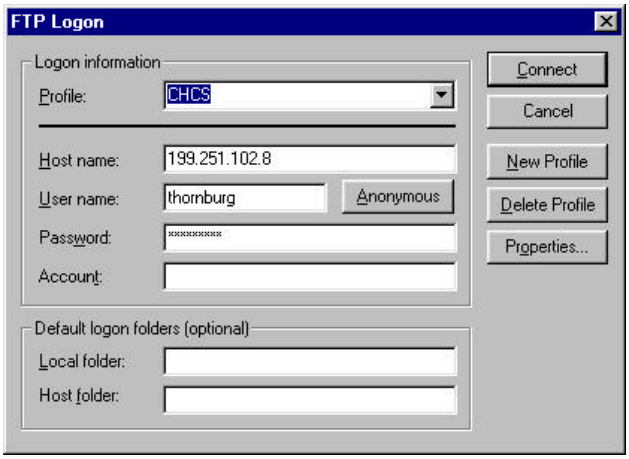
   .txt is a tutorial and demo.
6. Download all 3 and follow the instructions found on the WEB page
7. When this is brought down it will be in a spooled "flat" file.
8. At this point follow the instructions in the "FTP" document attached to this
9. This can be brought down into ACCESS as described in Metric
10. Don't let the absence of a txt tag fool you…this is a text file.

AD HOC: HOW TO OBTAIN THE NUMERATOR FOR TECHNICAL OUTCOME METRIC # 2

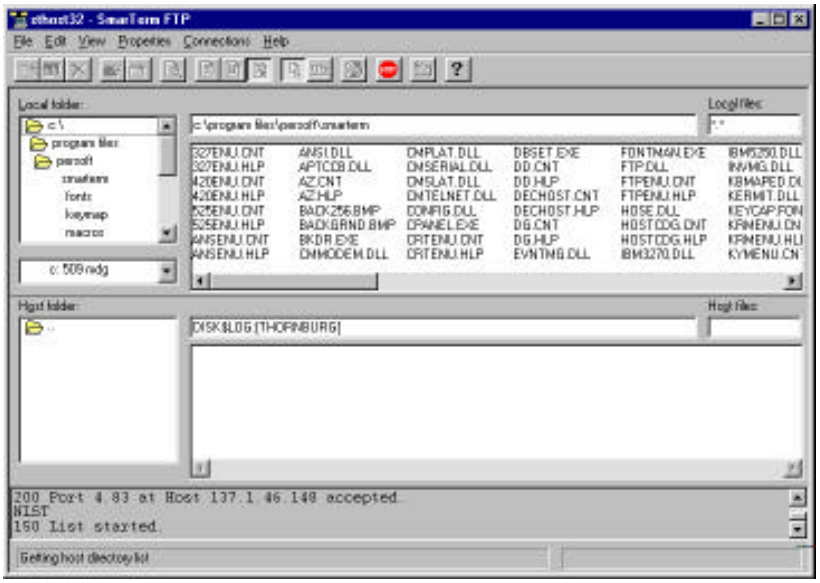
SmarTerm Connection Pack FTP

The SmarTerm Connection Pack has drag and drop FTP. The first screen you will see is shown below. You will need the following to get connected to any other system.

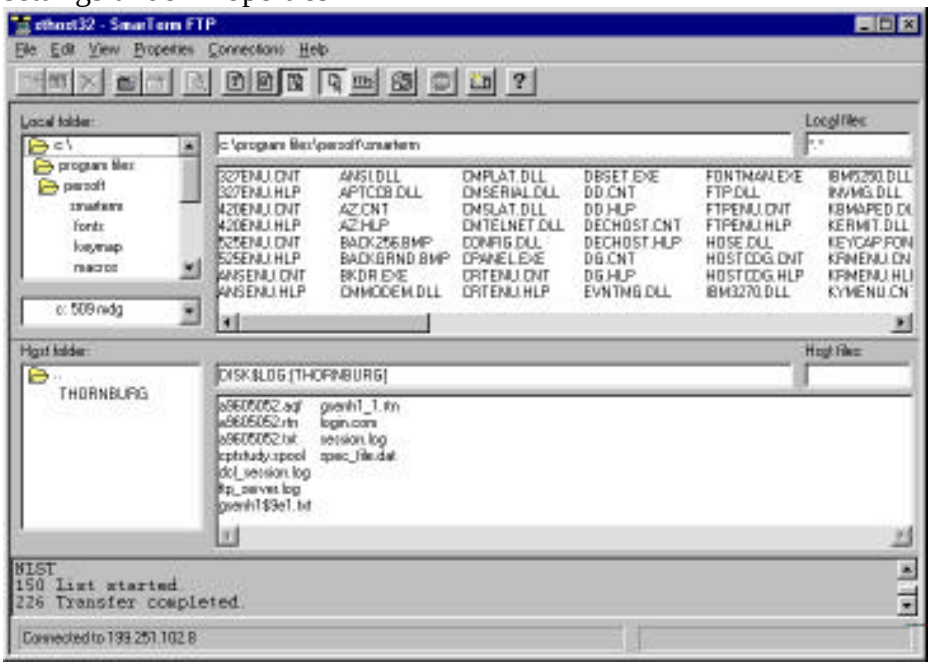
1. An account in the system you wish to access
2. the IP address of the system



After connection to the system is made you will see the following screen. The top box reflects the local network you are on. You may FTP files anywhere on the network by changing to the appropriate drive and directory



The bottom represents the connected system. After finding the file you wish to retrieve highlight it and drag it to the upper box and let go. The FTP software is designed to adjust to the system you are in and retrieve the file in the proper mode. If this does not work you can adjust the settings under Properties



This software will allow you to adjust it to use the old method for FTP if you wish

The ADS file can be found in /extractsáder

The CHCS file can be found in DISK$LOG:[CHCS]

TECHNICAL OUTCOME METRIC # 3

The Percent Of TRICARE Prime (Enrollees Age 17 And Older Assigned And Active Duty Enrolled) To The MTF Who Had Completed The Health Enrollment Assessment Review (HEAR) As Of The Last Day Of Each Quarter Of The AFMS Report Card Year

A. **Performance Improvement Goals** The metric documents the ability of the MTF commander to proactively manage the health of his/her population. With HEAR, a needs assessment tool, a commander can focus utilization management/quality management, disease management efforts, leveraging scarce resources to proactively address the identified high risk/high cost portion of the enrolled population.

B. **Calculation** This metric uses the DEERS database to generate a list of TRICARE Prime enrollees ages 17 or higher (active and non-active duty) enrolled to the MTF. This is the denominator. Supply/send this list to the Lead Agent/central HEAR database who will count those individuals on the list who have completed the HEAR as of the last day of each quarter of the AFMS Report Card year.

Formula:

*** # who have completed the HEAR as of the last day of the quarter**
**** # of TRICARE Prime (age 17 and older, active and non-active duty) enrolled to the MTF as of the last day of each quarter of the AFMS Report Card year**

X 100 = % Completing HEAR

C**. ** Denominator**: Generate a cohort of those enrolled in DEERS who are 17 years of age or older, either AD or Non-AD. Use the DEERS database as of the last day of each quarter of the RCY, and use "A" in the Privilege Field to identify this cohort. If here is no managed care contract include enrolled ADAF [or AD military] only. This requires a breakout of beneficiary category.

D. *** Numerator**: The Managed Care Support Center and/or Lead Agent/central HEAR database, using the list created in constructing the denominator, identifies how many completed (finished processing) HEAR questionnaires were entered into the HEAR database as of the last day of the quarter.

E. **Standards/Benchmarks** 100 % completed HEAR who have enrolled.

F. **QM/UM Mapping to:** Element # 4: EPIDEMIOLOGICAL ASSESSMENT
Element # 7: DEMAND MANAGEMENT

G. **POC:** Lt Col John G.Meyer, OPHSA, DSN 240-6510
Lt Col James D.Fraser, OPHSA, DSN 240-6511

H. **Frequency:** Quarterly

I. **Notes**: TRICARE Prime enrollee data is not available to bases where the managed care contract has not been awarded. However, all Active Duty have been directed to be enrolled at this time. For this situation include only Active Duty who are enrolled as the denominator. AF/SG has moved to supported MTF capability to provide HEAR for all enrolled beneficiaries by standing up a HEAR program management office at OPHSA on 21 April 1997. The Preventive Health Assessment (PHA) incorporates the HEAR. With the automation of the "left side of the medical record" through the "Preventive Health Care System" (PHCS) all epidemiological assessment data will be automated.

J. **Automation Status/Plan:** Contractors not in place throughout DoD
Any MTF can download HEAR and software from OPHSA Homepage

Workgroup to convene	Week of 3 June 97
Ad Hocs/Field testing	June/July/August 97
Operational Instructions	1 September 97
Operational	13 September 97

TECHNICAL OUTCOME METRIC # 4

The Percent Of Mammograms At The MTF For Which The Patient Was Informed Of The Results Within 14 Days Of The Date The Test Was Performed

A. **Performance Improvement Goals:** The metric stands as a proxy for the MTF's quality of care processes. The Active Duty Behavioral Risk Factor Surveillance Study for 1995 reported that among ADAF women aged 40 and older, 94% answered "yes" when asked if they ever had a mammogram. This metric focuses on the follow-up process that is so critical to quality care.

B. **Calculation:** Use a locally devised tracking system which tracks, for each mammogram test performed at the MTF, the date performed, the SSN of the patient, the date the result was reported to the clinic through the Comprehensive Health Care System (CHCS), the result ("normal" or "abnormal"), and the date the patient was notified of the results. Notification may include, telephonic, certified mail, or personal contact, and the date of notification is the date noted in the record the MTF took such action. For each mammogram result received by the clinic during the month, determine whether the patient was notified within 14 days of the date of the mammogram.

Formula:

*** # of mammogram results for which the patient was notified within 14 days of the date of the test**

**** # of mammogram results that were reported to the clinic in a given month**

= % of mammogram results, reported to the clinic during the month, for which the patient was notified within 14 days of date of test.

C. **** Denominator**: The denominator is the number of results received by the clinic during the month.

D. *** Numerator**: Obtain the numerator on or after the 15th of the month following the month to which the metric applies. It is the number of mammogram results, reported to the clinic during the month, for which the difference in days between date of notification and date of mammogram was 14 days or less.

E. **Standards:** 100% within 14 days of the mammography test

F. **QM/UM Mapping to:** Element # 8: PROVIDER OWNERSHIP

G. **POC:** Lt Col John G.Meyer, OPHSA, DSN 240-6510

H. **Frequency:** This metric is calculated **monthly**, and mammography entries are selected on or after the 15th of the month following. For example, in the metric for Dec 97, the denominator is the number of mammogram results reported through CHCS from 1 Dec 97 to 31 Dec 97. Obtain these on or after 15 Jan

98 and at that time, identify for each mammogram result whether each woman was notified within 14 days and then compute the metric.

I. **Notes:** The unit is the mammogram, not the woman. Note that the metric does not take account either of mammograms with results never reported to the clinic, nor of mammograms reported to the clinic through CHCS but omitted from the tracking system. Since the metric is based on mammograms reported to CHCS during a month, it may reflect problems occurring in that month or an earlier month.

For notification to be certified as "complete" the patient must have been reached by telephone if telephonic. Certified mail which is returned as "undeliverable" is not considered as notified.

J. **Automation Status/Plan:** Currently: Capable of centrally capturing results of MTF record review via new SGHomepage

Staffing for Policy to assure central reporting of data May 97
Policy issued NLT 30 September 97
Functional/Technicalworkgroup creating standard NLT 1 October 97
automation process AD HOC

MTFs are producing this data in a wide variety of ways. Many different Commercial-Off-The-Shelf products are being used. Project efforts between now and 1 October will focus on standardizing the method(s) of arriving at the results of the metric.

Once the AFMS Performance Measurement Tool is approved for implementation, the results will be sent:

1) Using the Internet/browser (any one) log onto a secured server (to be determined)

Choose either the Mammogram metric (4) or Pap Smear Metric (5)

Password: Mammo (for Metric 4)
Paps (for Metric 5)

Then enter in the appropriate blocks
Total Number of Mammograms/Paps performed
Total Number of people notified within 14 days
Total Number of people notified for the month

TECHNICAL OUTCOME METRIC # 5

The Percent Of All Pap Smear Tests Reported During A Given Month For Which The Patient Was Informed Of Results Within 14 Days Of The Date Of The Pap Smear Test

A. **Performance Improvement Goals:** The metric stands as a proxy for the MTF's quality of care processes. The Active Duty Behavioral Risk Factor Surveillance Study for 1995 reported that among ADAF women aged 18 an older with an intact uterus, 97.8% answered "yes" when asked if they had had a Pap smear within the last 3 years. This metric focuses on Pap smears and the follow-up process that is so critical to quality care.

B. **Calculation:** Using the pathology/laboratory accessioning/report system, identify Pap smear tests and the dates that results of these tests were reported to providers. Using a locally devised tracking system, identify those tests for which the MTF notified the patient within 14 days of the date of the Pap smear collection.

Formula:

*** # of all Pap smear tests for which the patient was notified of results within 14 days of the Pap smear test**

**** # of all Pap smear tests reported to providers during the month**

= % of all Pap smear tests for which the patient was notified within 14 days of the test.

C. **** Denominator:** From the pathology/laboratory accessioning/report system, identify Pap smear tests with results reported by the laboratory to the clinic during the month (as well as the patient's SSN and date of Pap smear collection). The denominator is the number of Pap smear tests reported to providers during the month.

D. *** Numerator:** Use a tracking system (log) to record the date each woman was notified of the results of her Pap smear test. By matching the tracking log to the denominator set using the unique identifiers (SSN and date of collection), compute whether the time difference (in days) from collection of Pap smear to notification of results to the patient was 14 days or less. Notification may include, telephonic, certified mail, or personal contact. The numerator is the number of Pap smear results of which the patient was notified within 14 days or less.

E. **Standards:** 100% of patients with Pap smear results contacted within 14 days.

F. **QM/UM Mapping to:** Element 8: PROVIDER OWNERSHIP

G. **POC:** Lt Col John G.Meyer, OPHSA, DSN 240-6510

H. **Frequency:** Monthly. Obtain data on the 15th of the month following the month reported on. For example, in the metric for Dec 97, the denominator is the number of Pap smear results received from 1 Dec 97 to 31 Dec 97, and numerator and denominator are obtained on 15 Jan 98.

I. **Notes:** The unit is the Pap smear test, not the patient. Also note that the denominator is derived from the path/lab accessioning system and NOT from the log. For example, if the accessioning system indicates 10 Pap tests reported to the clinic for the month and the log shows that the patient was notified of results within 14 days for 7 of 8 Pap tests, with 2 Pap tests found in the accessioning system and not in the log, the metric is computed as 7/10, not 7/8.

For notification to be certified as "complete" the patient must have been reached by telephone if telephonic. Certified mail which is returned as "undeliverable" is not considered as notified.

J. **Automation Status/Plan** Capable of centrally capturing results of MTF record review via new SG Homepage

Staffing for Policy to assure central reporting of data	May 97
Policy issued	NLT 30 September 97
Functional/Technical working group creating standard automation process	NLT 1 October 97

AD HOC

MTFs are producing this data in a wide variety of ways. Many different Commercial-Off-The-Shelf products are being used. Project efforts between now and 1 October will focus on standardizing the method(s) of arriving at the results of the metric.

Once the AFMS Performance Measurement Tool is approved for implementation, the results will be sent:

1) Using the Internet/browser (any one) log onto a secured server (to be determined)

Choose either the Mammogram metric (4) or Pap Smear Metric (5)

Password: Mammo (for Metric 4)
Paps (for Metric 5)

Then enter in the appropriate blocks
Total Number of Mammograms/Paps performed
Total Number of people notified within 14 days
Total Number of people notified for the month

TECHNICAL OUTCOME METRIC # 6

The Percent Of Active Duty Members Assigned To The Base Where The MTF Is Physically Located Who Are Current On Their Hepatitis A, Tetanus, And Influenza Immunizations At The Time They Receive Their Annual Influenza Immunization For The AFMS Report Card Year

A. **Performance Improvement Goals:** Current Active Duty immunization rates are critical to a ready force. In addition, this metric serves as a measure of how well the MTF provides preventive health services. This metric provides incentive to assure currency in the best documented cost effective (both direct and indirect costs) preventive measure--immunizations.

B. **Calculation:** This metric uses the DEERS database to identify the Active Duty members who comprise the military strength of the base on which the MTF is located at the start of the annual influenza immunization program. The immunization records of these individuals are reviewed for currency of their Hepatitis A, Tetanus, and Influenza immunizations.

Formula:

$$\frac{\text{* \# AD in denominator who are current for specified vaccines by the end of the annual influenza immunization program}}{\text{** \# AD on base in DEERS database}} \text{ X } 100 = \text{\% AD Current Immunizations}$$

C. **** **Denominator:** The number of AD members who comprise the military strength of the base identified in the DEERS database. These individual's names become the list for manually checking immunizations.

D. * **Numerator:** The number of Active Duty in the denominator found to be current for Hepatitis A, Tetanus, and Influenza vaccine, as verified by their International Certificate of Vaccination (PHS Form 731on 30) or the base's immunization tracking system

E. **Standards/Benchmarks:** 100% current.

F. **QM/UM Mapping to:** Element # 7: DEMAND MANAGEMENT
Element # 14: PERFORMANCE AND OUTCOME MEASURES

G. **POC:** Lt Col John G.Meyer, OPHSA, DSN 240-6510

H. **Frequency:** Until automation take place, this metric will be performed at the time of the annual Influenza program

I.. **Notes:** Annually. Active Duty members who are allergic to certain vaccines are considered current if proper documentation is in his/her medical record.

J. **Automation Status/Plan:** ASIMS being worked as near-term automation process for AMTF's
ASIMS on-line milestone: 30 Jun 97
ASIMS anticipated to be used for 12 months
ASIMS replaced by Preventive Health Care Systems (PHCS).

(Automated left side of medical record bringing together PPIP, immunization tracking, and HEAR as DoD platform: 3 July 1998

TECHNICAL OUTCOME METRIC # 7

The Percent Of Active Duty Air Force (ADAF) Members On The Base Where The MTF Is Located Who Are In Dental Class 1 Or 2

A. **Performance Improvement Goals:** This is a readiness metric. The state of dental readiness enables Active Duty Air Force members to be mobilized worldwide on short notice without concern for their oral health. Dental Class 1 and Class 2 indicate a member has no oral health problems that will require emergency care within the next 12 months. This metric provides an indication of the dental mobility and endurance of the base's personnel.

B. **Calculation** This metric uses data in the Dental Data System (DDS) to obtain the numbers of Active Duty Air Force members on
the base where the MTF is located (denominator) and Active Duty Air Force members who are in Dental Class 1 or 2 (numerator).

Formula:

$$\frac{* \text{ \# ADAF members in DDS in Dental Class 1 or 2}}{** \text{ Total \# ADAF members in DDS}} \times 100 = \% \text{ ADAF in Dental Class 1 or 2}$$

C. **** Denominator:** The number of Active Duty Air Force members on the base where the MTF is located, obtained from the DDS for the specified quarter.

D. *** Numerator:** The number of Active Duty Air Force members, who are in Dental Class 1 or 2, on the base where the MTF is located, obtained from the DDS for the specified quarter.

E. **Standards/Benchmarks:** 95% in Dental Class 1 or 2. (Reference: 28 January 1996, Assistant Secretary of Defense/Health Affairs, signed Stephen C. Joseph, MD. M.P.H.)

F. **QM/UM Mapping to:** Element # 7: DEMAND MANAGEMENT
Element # 14: PERFORMANCE AND OUTCOMES MEASURES

G. **POC:** Major Devin Satz, HQ AFMOA/SGO; DSN 297-1733 ext. *362

H. **Frequency:** Quarterly (obtain data as of the last day of the quarter)

I. **Notes:** For those dental services which serve the personnel from more than one Military Personnel Flight (MPF), report this metric for each.

J. **Automation Status/Plan:** Data at Gunter AFB not available centrally
SG Policy clarification letter required June 97

TECHNICAL OUTCOME METRIC # 8

The Percent Of Active Duty Air Force (ADAF) Members On The Adjusted Base Alpha Roster Who Have Been Tested And Met Fitness Standards According To The Fitness Program's FITSOFT Database

A. **Performance Improvement Goals:** Air Force members must be in good physical condition to support the mission. The Air Force emphasizes total fitness and requires its uniformed members to adhere to higher standards than those normally found in civilian life. Aerobic fitness is the single best indicator of total physical fitness. This metric provides an indication of the physical fitness of the base's Active Duty personnel.

B. **Calculation:** The adjusted Base Alpha Roster is used to provide the number of ADAF members as of 31 December of the year completed (denominator). The numerator is the number of members on the list who met the fitness standards during the year.

Formula:

$$\frac{\text{* \# ADAF members on the adjusted Base Alpha Roster who met fitness standards during the specified year}}{\text{** \# ADAF members on the adjusted Base Alpha Roster as of 31 December fitness standards}} \text{ X 100 = Percent ADAF met}$$

C. ** **Denominator:** The number of ADAF members on the adjusted Base Alpha Roster as of 31 December of the year just completed. Obtain the base adjusted Base Alpha Roster by querying DESIRE, eliminating from the Base Alpha Roster the number of ADAF personnel who (1) are inbound PCS, (2) are outbound PCS, or (3) are on terminal leave.

D. * **Numerator:** The number of ADAF members in the denominator who met fitness standards during the specified year.

E. **Standards/Benchmarks:** 100% met standards

F. **QM/UM Mapping to:** Element # 7: DEMAND MANAGEMENT
Element # 14: PERFORMANCE AND OUTCOMES MEASURES

G. **POC:** Major Devin Satz, HQ AFMOA/SGO; DSN 297-1733 ext. *362

H. **Frequency:** Annually (obtain data as of 31 December of the specified year)

I. **Notes:**

J. **Automation Status/Plan:** Currently: Database program created to meet requirements during Field testing

Distribution and training for software	1 September 97
Operational	30 September 97

TECHNICAL OUTCOME METRIC # 9

The Percent Of Individuals > 18 Years Old Who Have Were Tested For Glycohemoglobin/Hemoglobin A1C Ordered By A Provider Practicing In The MTF During The Report Card Year

A. **Performance Improvement Goals:** This is a disease management outcome metric. Diabetes was the 43rd leading cause of admission but the 13th leading cause of total bed-days in 1995 in USAF MTFS. Testing and evaluation of glucose control is one of several key processes in improving control. Improved control makes a difference.

B. **Calculation:** This metric uses the Ambulatory Data System (ADS) to identify a cohort of individuals > 18 years old diagnosed as diabetic by a Health Care Practitioner in the MTF during the RCY. The cohort is then used to identify those individuals in the CHCS Laboratory module who were tested for Glycohemoglobin/hemoglobin A1C during the RCY.

Formula:

*** # individuals in denominator who were tested for Glyco/Hemoglobin A1C during the RCY**

**** # individuals in ADS diagnosed with ICD-9 code of 250.xx by a HCP in MTF during the RCY**

X 100 = % of diabetic patients tested for Glyco/Hgb A1C during the RCY

C. **** Denominator:** The ADS is queried to identify individuals > 18 years old diagnosed with a ICD-9 code of 250.xx by a HCP in the MTF during the RCY.

D. *** Numerator:** Number of individuals identified in the denominator who were tested for Glycohemoglobin/Hgb A1C during the RCY.

E. **Standards/Benchmarks:** American Diabetic Association (ADA) ----Standards of medical care for patients with diabetes mellitus. Diabetes Care 19 (Suppl 1): S8-S15, 1996.

F. **QM/UM Mapping to:** Element # 8: PROVIDER OWNERSHIP
Element # 13: CASE MANAGEMENT & DISEASE MANAGEMENT

G. **POC:** Lt Col John G. Meyer, OPHSA, DSN 240-6510
Major Kathy Lacivita, SG Consultant—Endocrinology, DSN 554-6475

H. **Frequency:** Annual

I. **Notes:**

J.	**Automation Status/Plan**	Functional/Technical Workgroup convened	Week of 26th May 97
		Ad Hoc solutions	15 July 97
		Field Testing	15 August 97
		Operational	NLT 30 September 97

AD HOC: HOW TO OBTAIN THE DENOMINATOR FOR TECHNICAL OUTCOME METRIC # 9

ADS TO FLAT FILE

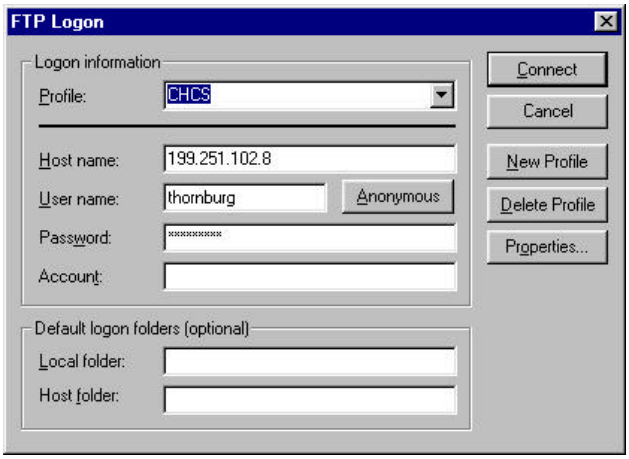
1. From the "extracts" menu on ADS choose the report interval and have the report sent to the drive appropriate to your facility.
2. From "Smart Term" follow the instructions on the attached "FTP" document
3. From the drive you have chosen follow the same steps described in Metric 1 and Metric 2 to bring in txt files.
4. Once the data is in ACCESS then the query will be written as follows:
5. Open the database
6. Select Query on the View box
7. Select "New"
8. Select "Design"
9. Double click on FMP
10. Double Click on Sponsor SSN
11. Double click on ICD-9 1
12. Repeat #11 for the 3 remaining ICD-9 slots
13. Two lines below the "show" box under ICD-9 1, type "Like 250.**" for Diabetes or Like *493.**" for asthmatics
14. Copy this under the remaining ICD-9 choices, make sure that with each successive step to the right you drop another line…don't worry if some of the ones on your left seem to disappear, they're not really gone.
15. Run the Query and then name it so you know what it means

AD HOC: HOW TO OBTAIN THE NUMERATOR FOR TECHNICAL OUTCOME METRIC # 9

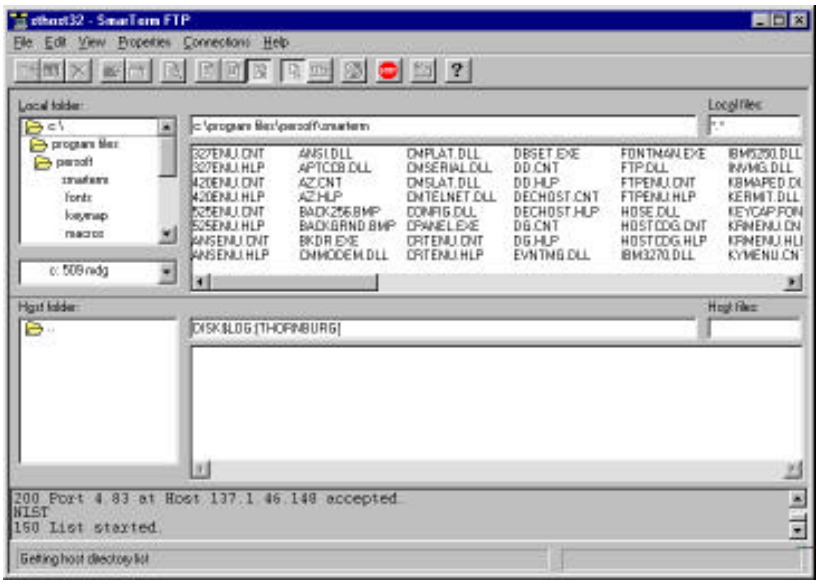
SmarTerm Connection Pack FTP

The SmarTerm Connection Pack has drag and drop FTP. The first screen you will see is shown below. You will need the following to get connected to any other system.

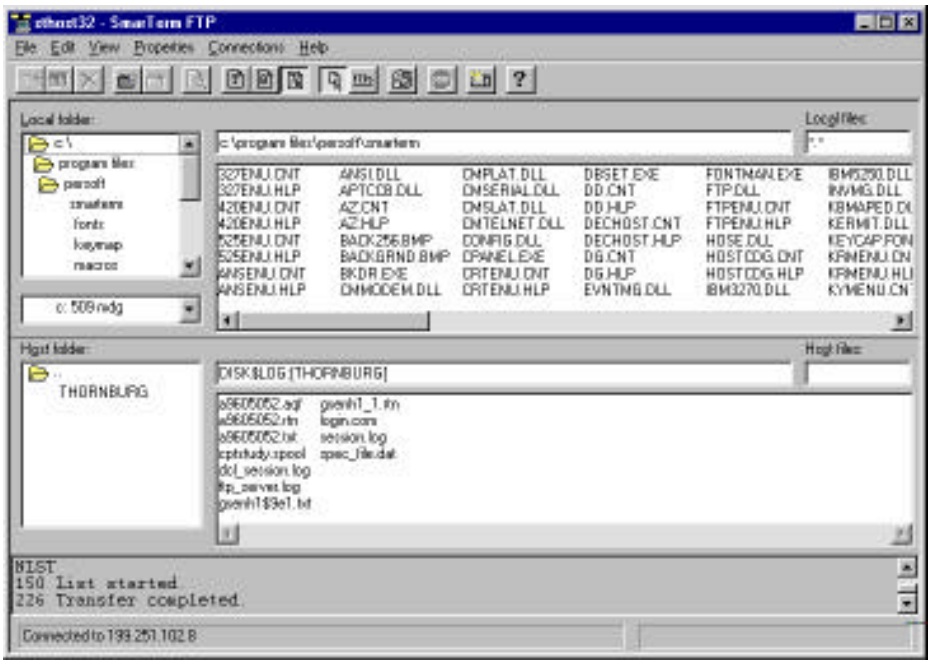
1. An account in the system you wish to access
2. the IP address of the system



After connection to the system is made you will see the following screen. The top box reflects the local network you are on. You may FTP files anywhere on the network by changing to the appropriate drive and directory



The bottom represents the connected system. After finding the file you wish to retrieve highlight it and drag it to the upper box and let go. The FTP software is designed to adjust to the system you are in and retrieve the file in the proper mode. If this does not work you can adjust the settings under Properties



This software will allow you to adjust it to use the old method for FTP if you wish

The ADS file can be found in /extracts/ader

The CHCS file can be found in DISK$LOG:[CHCS]

TECHNICAL OUTCOME METRIC # 10

The Ratio Of Asthmatic Patients Age 39 Or Less Who Are On Preventive Medications.

A. **Performance Improvement Goals:** Asthma is a chronic disease with acute exacerbations. Prevention of exacerbations is an important principle of therapy. Therapy includes efforts to reduce airway inflammation and airway hyper-responsiveness. Management requires a continuous care ("disease management") approach to minimize symptoms, prevent exacerbations, minimize need for "reliever" medications, maximize peak expiratory flow rates, minimize circadian variation, and reduce chronic airway inflammation. The use of anti-inflammatory controlling medications is critical to preventive and maintenance therapy in asthma care.

B. **Calculation:** This metric selects a cohort population from the Ambulatory Database (ADS) for ICD-9 diagnosis code 493.xx (asthma/asthmatics). The cohort is then used to identify those using cromolyn or an anti-inflammatory inhaler.

Formula:

*** Sum of individuals using Steroid or Cromolyn inhaler units (see drug list) in cohort population**
**** Sum of those individuals age 39 and younger with a ICD-9 diagnosis of 493.xx in ADS**
= Ratio asthmatics on preventive medications

C. **** Denominator:** The total number of individual age 39 and younger with a diagnosis of 493.xx listed in the Ambulatory Data System during the year.

D. *** Numerator:** The total number of individuals in the denominator cohort group with Steroid or Cromolyn inhaler units (see drug list).

Anti-inflammatory Drug List

Steroid	**Mast Cell Stabilizer**
Flunisolide	Cromolyn
Triamcinolone	
Beclomethasone	
Fluticasone	
Dexamethasone	

E. **Standards/Benchmarks:** Civilian managed care organizations seek better than 40% (closer to 60 - 70%) of their asthma patients to use preventive (also known as "controller") medication. HEDIS 3.0 utilizes a similar performance measure.

F. **QM/UM Mapping to:** Element # 7: DEMAND MANAGEMENT

Element # 8: PROVIDER OWNERSHIP
Element # 12: CLINICAL PRACTICE PARAMETERS
Element # 13: CASE MANAGEMENT & DISEASE MANAGEMENT

G. **POC:** Lt Col John G.Meyer, OPHSA, DSN 240-6510
Lt Col John P. Mitchell, SG Consultant—Pulmonary, DSN 297-2591

H. **Frequency:** Quarterly

I. **Notes**: The 1995 National Heart Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH) and World Health Organization (WHO) notes that while not all asthmatics need to be on "controller medications" that all with at least mild persistent severity should be on at least one such medication. For details, see the World Wide Web at http://www.nhlbi.nih.gov/nhlbi/nhlbi.htm.

J. **Automation Status/Plan**

Functional/Technical Workgroup convened	Week of 27th May 97
Ad Hoc solutions	15 July 97
Field Testing	15 August 97
Operational	NLT 30 September 97

AD HOC: HOW TO OBTAIN THE DENOMINATOR FOR TECHNICAL OUTCOME METRIC # 10

ADS TO FLAT FILE

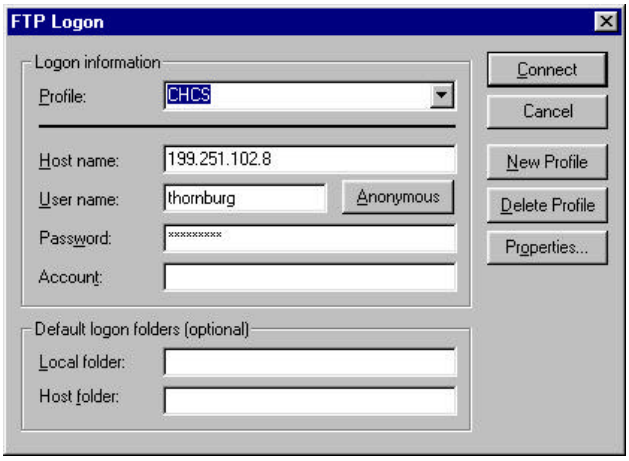
1. From the "extracts" menu on ADS choose the report interval and have the report sent to the drive appropriate to your facility.
2. From "Smart Term" follow the instructions on the attached "FTP" document
3. From the drive you have chosen follow the same steps described in Metric 1 and Metric 2 to bring in txt files.
4. Once the data is in ACCESS then the query will be written as follows:
5. Open the database
6. Select Query on the View box
7. Select "New"
8. Select "Design"
9. Double click on FMP
10. Double Click on Sponsor SSN
11. Double click on ICD-9 1
12. Repeat #11 for the 3 remaining ICD-9 slots
13. Two lines below the "show" box under ICD-9 1, type "Like 250.**" for Diabetes or Like *493.**" for asthmatics
14. Copy this under the remaining ICD-9 choices, make sure that with each successive step to the right you drop another line…don't worry if some of the ones on your left seem to disappear, they're not really gone.
15. Run the Query and then name it so you know what it means

AD HOC: HOW TO OBTAIN THE NUMERATOR FOR TECHNICAL OUTCOME METRIC # 10

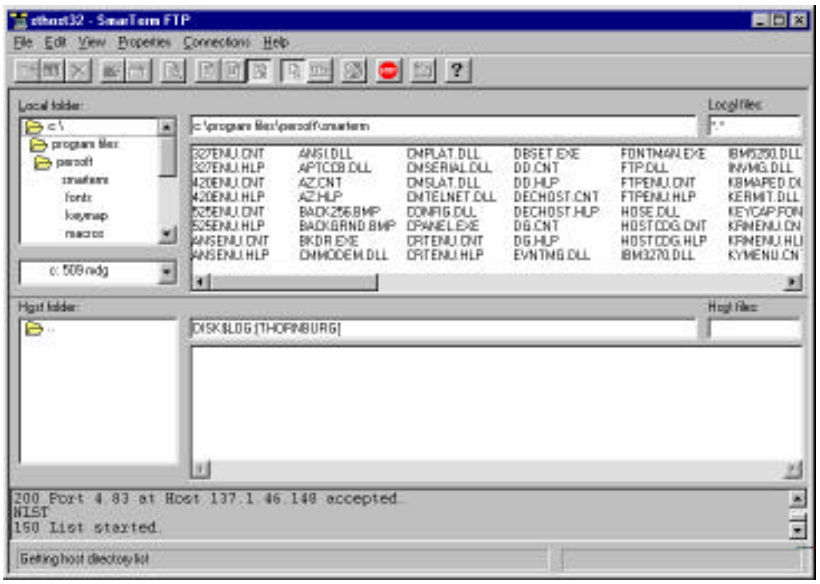
SmarTerm Connection Pack FTP

The SmarTerm Connection Pack has drag and drop FTP. The first screen you will see is shown below. You will need the following to get connected to any other system.

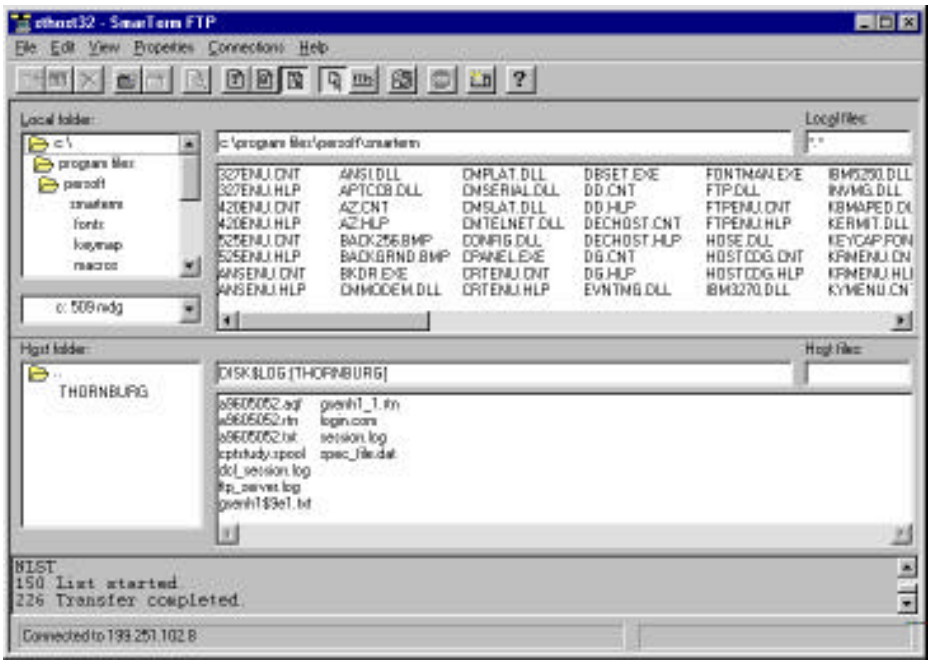
1. An account in the system you wish to access
2. the IP address of the system



After connection to the system is made you will see the following screen. The top box reflects the local network you are on. You may FTP files anywhere on the network by changing to the appropriate drive and directory



The bottom represents the connected system. After finding the file you wish to retrieve highlight it and drag it to the upper box and let go. The FTP software is designed to adjust to the system you are in and retrieve the file in the proper mode. If this does not work you can adjust the settings under Properties



This software will allow you to adjust it to use the old method for FTP if you wish

The ADS file can be found in /extracts/ader

The CHCS file can be found in DISK$LOG:[CHCS]

TECHNICAL OUTCOMEMETRIC # 11

Mission Availability

A. **Performance Improvement Goals** Perhaps the most immediately tangible asset our line "customers" can appreciate is the preservation of productivity within the active duty force. Prevention will only become real to today's Commanders when it yields "today" results day after day.

The measure of "mission availability" is a real time measure of that tangible asset called personnel. Mission availability is determined in great part by both the density and intensity of medical treatment and care of the active duty troops. The optimum preservation of mission availability comes with a proactive "time investment" in the form of prevention.

Mission availability is reflected by the amount of time an individual is not available for the performance of their mission for any medical reason: 1) from being on convalescent leave, 2) medical TDY, 3) home on quarters, 4) obtaining care at the MTF. Profile status, referring to limited duty, is not included. This metric will eventually develop to identify the effectiveness of preventive medical care in preserving the availability of the force so that through aggressive and assertive deployment of prevention resources, we reduce lost time.

B. **Calculation:** This information must be actively gathered at this point in time unless local databases are developed. The calculation requires a more complex algorithm, stated below, as well as a prior determination of the number of hours of duty time lost per outpatient visit. This will vary by MTF. Enlist the cooperation of Finance and have them pull the number of Convalescent Leave days for the Active Duty Air Force (ADAF) members. Have the Resource Management Office (RMO) obtain data for Medical TDY for ADAF personnel, as well as quarters days and outpatient visits for the ADAF personnel from the Report of Patients. Obtain inpatient data from the CHCS. Note that the number of steps involved requires the use of symbols to isolate the steps in the numerator.

Formula:

$$\frac{*\ \text{\# hours medical lost time}}{**\ \text{\# ADAF Outpatient Visits x 1000}} = \text{ratio of lost time to preventive (and other) visits}$$

C. **** Denominator:** Using the Report of Patients Data obtainable from the Resource Management Office (RMO), obtain the numbers of outpatient visits for permanent party ADAF personnel (V) for the quarter.

D.* **Numerator:**

1) Use a standard ratio of 1.0hours lost time per ADAF outpatient visit. However, the MTF commander at his discretion may vary this.
2) Through the RMO, obtain the number of quarters (Q) days taken by ADAF members during the interval from the Report of Patients.
3) Through the RMO, obtain the number of medical TDY (M) days used by ADAF members during the time interval.
4) From CHCS, obtain inpatient bed days (BD) for ADAF.
5) Add CL+Q+M+BD and multiply by the factor of 5.6 which represents the hours lost per duty day lost for medical reasons. Call this X1.

6) Use the denominator V, multiply by the predetermined factor F which represents duty hours lost per clinic visit. Call this X2, X2=F*V.
7) The numerator is the sum of X1 and X2.

E. **Standards/benchmarks**
Outcomes of this metric will vary from MTF to MTF. The crucial goal is to achieve a reduction in the metric while outpatient visits for
ADAF are constant or increasing.

F. **QM/UM Mapping to:** Readiness

G. **POC:** LtCol John G.Meyer
OPHSA, DSN 240-240-6510

H. **Frequency:** Quarterly

I. **Notes**

J. **Automation Status/Plan:**

Functional/Technical Working Group:	29 May 1997
AD Hoc Solutions/Field Testing:	22 July 1997
Results of Working Group:	31 July 1997
Instruction/Training:	30 September 1997

CUSTOMER SATISFACTION METRIC #1

Satisfaction With Access To Appointments

A. **Performance Improvement Goals** Percent of Military MTF users rating access areas on the Annual Beneficiary Survey as good to excellent. Goal is that this percent will show a trend of improvement.

B. **Calculation**: Respondents to question 38 (H9638R =1) and question 51 (H9651R=2) will give you the appropriate population. A constructed variable has been created XPASTUSE; You can select on XPASTUSE = 1 or 3. Once this has been accomplished, you will report the percent of respondents in the good to excellent group for MAPP96FL (average score for questions H9647G-J).

Formula:

$$\frac{*}{**} = \frac{\text{\# number of respondents who respond good to excellent}}{\text{\# of respondents eligible to answer question}}$$

C. ** **Denominator**: N of respondents eligible to answer the question (xpastuse=1 or 3)

D. * **Numerator**: n of respondents who respond good to excellent (3, 4, or 5).

E. **Standards/Benchmarks** IAW HA Policy Letter 95-012, MTFs are required to meet the same standards for access to care as the TRICARE contractors as spelled out in the Managed Care Support Contracts - 100%. Need to ensure that TRICARE contractors are being measured with the same instrument as our direct care beneficiaries.

F. **MHSS Report Card Mapping:** % Meeting Appointment Waiting Standards

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Annual

I. **Notes**: MTFs can obtain this data from the MHSS Report Card which is populated annually by OASD(HA) following receipt of results of the annual beneficiary survey. Free standing clinic data can be obtained from OASD(HA) but is not typically included with the MHSS report card results.

CUSTOMER SATISFACTION METRIC #2

Satisfaction With Access To System Resources

A. **Performance Improvement Goals** Percent of Military MTF users who rate access to resources (including convenience, availability, and ability to fill prescriptions) as good to excellent on the Annual Beneficiary Survey.

B. **Calculation**: Respondents to question 38 (H9638R =1) and question 51 (H9651R=2) will give you the appropriate population. A constructed variable has been created XPASTUSE; You can select on XPASTUSE = 1 or 3. Once this has been accomplished, report the percent of respondents in the good to excellent group for MRES96FL (average score for questions H9647A-F and H9647K).

Formula:

$$\frac{*}{**} \quad \frac{\text{\# of respondents who responded good to excellent (3, 4,or 5)}}{\text{\# of respondents eligible to answer the question}}$$

C. ** **Denominator**: N of respondents eligible to answer the question (xpastuse=1 or 3)

D. * **Numerator**: n of respondents who respond good to excellent (3, 4, or 5).

E. **Standards/Benchmarks** IAW HA Policy Letter 95-012, MTFs are required to meet the same standards for access to care as the TRICARE contractors as spelled out in the Managed Care Support Contracts - 100%. Need to ensure that TRICARE contractors are being measured with the same instrument as our direct care beneficiaries.

F. **MHSS Report Card Mapping:** Satisfaction with Access

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Annual

I. **Notes**: MTFs can obtain these data from the MHSS Report Card which is populated annually by OASD(HA) following receipt of results of the annual beneficiary survey. Free standing clinic data can be obtained from OASD(HA) but is not typically included with the MHSS report card results.

CUSTOMER SATISFACTION METRIC #3

TRICARE Encounter Waiting Times Standard

A. **Performance Improvement Goals** This metric will measure the percent of Military MTF users who indicate that they waited no more than 30 minutes from their scheduled appointment time to see a provider for minor illness or injury. These data can be pulled from the Annual beneficiary survey until the MTF Customer Survey data are available. The goal is that this percent will increase.

B. **Calculation**: Respondents to question 38 (H9638R =1) and question 51 (H9651R=2) will give you the appropriate population. A constructed variable has been created XPASTUSE; select XPASTUSE = 1 or 3. Once this has been accomplished, report the percent of respondents in the good to excellent group. The percent of respondents in the range of standard waiting times for TRICARE for H9643B (question 45B).

Formula:

* **# of respondents who respond waiting time </=30 minutes**
** **# of respondents eligible to answer the question (xpastuse = 1 o 3)**

C. ** **Denominator**: N of respondents eligible to answer the question (xpastuse= 1 or 3).

D. * **Numerator**: n of respondents who respond waiting time </=30 minutes.

E. **Standards/Benchmarks** (Cite Source letter) MTFs are required to meet the same standards for access to care as the TRICARE contractors as spelled out in the Managed Care Support Contracts - 100%. Need to ensure that TRICARE contractors are being measured with the same instrument as our direct care beneficiaries.

F. **MHSS Report Card Mapping**:

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Annual

I. **Notes**: MTFs can obtain this data from the MHSS Report Card which is populated annually by OASD(HA) following receipt of results of the annual beneficiary survey. Free standing clinic data can be obtained from OASD(HA) but is not typically included with the MHSS report card results. Once the rolling reports start for the MTF Customer Satisfaction Survey these data can be pulled from the hard copy report that United Health Care will be sending directly to each MTF surveyed.

CUSTOMER SATISFACTION METRIC #4

Satisfaction With Quality

A. **Performance Improvement Goals** Percent of Military MTF users rating quality areas (thoroughness of exams, ability to diagnose, skill of providers, thoroughness of treatment) as good to excellent on the Annual Beneficiary Survey. Goal is that the trend will be an increasing percent.

B. **Calculation**: Respondents to question 38 (H9638R =1) and question 51 (H9651R=2) will give you the appropriate population. A constructed variable has been created XPASTUSE; You can select on XPASTUSE = 1 or 3. Once this has been accomplished, you will report the percent of respondents in the good to excellent group for MQUL96FL (average score for questions H9647L-S, questions 47l-s).

Formula:

* **# of respondents who responded good to excellent**
** **# of respondents eligible to answer the question x (pastuse -1 or 3)**

C. ** **Denominator**: N of respondents eligible to answer the question x (pastuse= 1 or 3)

D. * **Numerator**: n of respondents who respond good to excellent

E. **Standards/Benchmarks** IAW HA Policy Letter 95-012, MTFs are required to meet the same standards for access to care as the TRICARE contractors as spelled out in the Managed Care Support Contracts - 100%. Need to ensure that TRICARE contractors are being measured with the same instrument as our direct care beneficiaries.

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H.. **Notes**: MTFs can obtain this data from the MHSS Report Card which is populated annually by OASD(HA) following receipt of results of the annual beneficiary survey. Free standing clinic data can be obtained from OASD(HA) but is not typically included with the MHSS report card results.

I. **Frequency:** Annual

CUSTOMER SATISFACTION METRIC #5

Have Health Care Providers Given Advice On Ways To Stay Healthy

A. **Performance Improvement Goals** We are trying to lead the organization to move from a "mend and fix" focus to one of building health communities. Thus, asking our actual customers if they received advice on ways to stay healthy. Goal is that the number of respondents receiving advice will increase.

B. **Calculation**: Respondents to question 38 (H9638R =1) and question 51 (H9651R=2) will give you the appropriate population. A constructed variable has been created XPASTUSE; select XPASTUSE = 1 or 3. Once this has been accomplished, you will report the percent of respondents that reported yes the health care provider gave advice or information on ways to stay healthy.

Formula:

$$\frac{* \quad \textbf{\# of respondents equal to yes for question 14}}{** \quad \textbf{\# of respondents that fall into xpastuse =1 or 3}}$$

C. ** **Denominator**: Number of respondents that fall into xpastuse=1 or 3.

D. * **Numerator**: Number of respondents equal to yes for question 14.

E. **Standards/Benchmarks** 100 %

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Annual

I. **Notes**: Currently MTF's can obtain this data by contacting HQ AF/SGR at DSN 297-0090. In the near term however, this data will be available via the Web for both viewing and download. Procedures are being established to properly restrict access using this technology. It is anticipated that access to the data and graphical presentations via the web will occur by 30 June 1997.

CUSTOMER SATISFACTION METRIC #6

Number Of Days Between The Day Your Appointment Was Made And The Day You Saw The Provider

A. **Performance Improvement Goals** This question duplicates the metric from the Annual Beneficiary survey except that the question is only asked of beneficiaries who had an appointment within the last month and is clinic-specific. Therefore, the MTF staff have a greater opportunity to impact a change in this metric. The goal is that the number of days will be consistent with the type of appointment (i.e. urgent, minor illness, etc.) and meet the TRICARE MCSC standards.

B. **Calculation**: For the MTF Customer Satisfaction Survey; answer to question 1 regarding the purpose of the visit will be matched with the response(s) to question 6 that meet the TRICARE access standards. The result will be a + or - match. The metric will be the percent of total respondents for each clinic/MTF that are +.

Formula:

$$\frac{* \quad \text{\#For the MTF Customer Satisfaction Survey, number of matched responses that are +}}{** \quad \text{\#For the MTF Customer Satisfaction Survey number of respondents to the survey who answered questions 1/6}}$$

C. ** **Denominator**: For the MTF Customer Satisfaction Survey number of respondents to the survey who answered questions 1/6.

D. * **Numerator**: For the MTF Customer Satisfaction Survey; number of matched responses that are +.

E. **Standards/Benchmarks** IAW HA Policy Letter 95-012, MTFs are required to meet the same standards for access to care as the TRICARE contractors as spelled out in the Managed Care Support Contracts - 100%. Need to ensure that TRICARE contractors are being measured with the same instrument as our direct care beneficiaries.

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall HQ USAF/SGR DSN 297-0090

H. **Frequency:** Currently Annually/Quarterly after Jun 97

Notes: Currently MTF's can obtain this data by contacting HQ AF/SGR at DSN 297-0090. In the near term however, this data will be available via the Web for both viewing and download. Procedures are being established to properly restrict access using this technology. It is anticipated that access to the data and graphical presentations via the web will occur by 30 June 1997.

CUSTOMER SATISFACTION METRIC #7

Customer Expectation Of Number Of Days To Wait For An Appointment To Occur.

A. **Performance Improvement Goals** We frequently set standards and measure satisfaction only to find that we do not know what our customers expectations are. This metric coupled with the previous metric for satisfaction with wait time till appointment from the MTF Customer Satisfaction Survey will provide important information about customer expectations. The goal is that 100% of responders to questions 1, 6, and 7 of the MTF Customer Satisfaction Survey will rate the wait time as good to excellent.

B. **Calculation**: Following implementation of the MTF Customer Satisfaction Survey, MTFs will be able to calculate this metric on a monthly rolling basis using the data received from the survey contractor. The responses of all survey respondents to question 7 should be categorized as good to excellent or less than good. The percent of respondents in the good to excellent group is the first value needed. This can be calculated for each clinic that sees 200 or more outpatient visits per month or aggregated for MTF level results. The analysis of expectations would involve matching the value for the previous waiting time metric with the responses to question 7. It is assumed that all + responders from the previous metric calculation will rate their appointment wait time as good or better. Thus another match could be created using the +/- calculations and the good or better versus less than good categorizations of question 7 responses. A + and a good or better response would equal a ++ while a less than good response to question 7 and either a +/- response to the previous metric would be a --. The percent of respondents with a calculated value of ++ would be the value of this metric.

Formula:

$$\frac{\text{* \# of respondents to questions 1,6 or 7 who are rates as ++}}{\text{** \# of MTF Customer Satisfaction Survey respondents who answered questions 1, 6 and 7}}$$

C. ** **Denominator**: Number of MTF Customer Satisfaction Survey respondents who answer questions 1, 6, and 7.

D. * **Numerator**: Number of respondents to questions 1,6, and 7 who are rated as ++.

E. **Standards/Benchmarks** 100% but may not match expectations.....this metric will answer the validity of that assumption

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall HQ USAF/SGR DSN 297-0090

H. **Frequency:** Quarterly after Jun 97

I. **Notes**: Source of the data is the MTF Customer Satisfaction Survey which will be sent to the MTF by the survey contractor. Data should be available approximately Jun 97.

CUSTOMER SATISFACTION METRIC #8

Ease Of Making This Appointment By Phone.

A. **Performance Improvement Goals**: When one looks for aspects of care that can be impacted at the local level, the phone appointment system should be one of those. This metric will give the MTF leadership timely customer feedback on the adequacy of the telephone appointment system. The goal would be that the percent of respondents to this survey and this question increases.

B. **Calculation**: Following implementation of the MTF Customer Satisfaction Survey, MTFs will be able to calculate this metric on a monthly rolling basis using the data received from the survey contractor. The responses of all survey respondents to question 10a would be categorized as good to excellent. The percent of respondents in the good to excellent group is the value for this metric. This can be calculated for each clinic that sees 200 or more outpatient visits per month or aggregated for MTF level results. Until the MTF Customer Satisfaction Survey reports are sent to the field approximately May 97, these data can be obtained from contacting HQ AF/SGR at DSN: 297-0090. SGR will pull these data from the DoD Annual beneficiary survey.

Formula:

$$\frac{*}{**} \quad \frac{\text{\# of users who answer question 10a as good to excellent}}{\text{\# Number of users surveyed who answered question 10a}}$$

C. ** **Denominator**: Number of users surveyed who answer question 10a.

D. * **Numerator**: Number of users who answer question 10a as good to excellent.

E. **Standards/Benchmarks**: IAW HA Policy Letter 95-012, MTFs are required to meet the same standards for access to care as the TRICARE contractors as spelled out in the Managed Care Support Contracts - 100%. Need to ensure that TRICARE contractors are being measured with the same instrument as our direct care beneficiaries.

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Quarterly after Jun 97

I **Notes**: Source of the data is the MTF Customer Satisfaction Survey which will be sent to the MTF by the survey contractor approximately Jun 97.

CUSTOMER SATISFACTION METRIC #9

Enrollment In TRICARE Prime.

A. **Performance Improvement Goals** Until all TRICARE Regions have implemented their MCSCs and all contracts include clauses to report enrollees in a consistent manner, the number of TRICARE enrollees may be difficult to obtain at the MTF level. In addition, it may be difficult for the MTF/CC to easily identify the amount of "as available" care is provided to non enrollees. The members who are not eligible to enroll would include the beneficiaries who are Medicare eligible. This metric will allow the MTF to estimate the care provided to these non TRICARE eligible beneficiaries. Lastly, with the initial passive enrollment of AD members, all AD members may not realize they are enrolled in TRICARE. Thus this metric will provide data to answer many questions when compared to data from other sources.

B. **Calculation**: 1) Percent of patients being seen who are enrolled in TRICARE Prime = Percent of survey respondents who answer "Yes" to question 14 on the MTF Customer Satisfaction Survey.

2) Percent of patient seen who are not enrolled in TRICARE Prime (ie..space available care) = Percent of survey respondents who answer "no" or "not eligible to enroll" to question 14 on the MTF Customer Satisfaction Survey.

3) The percent of patients who are "not eligible to enroll" = Percent of survey respondents who answer question 14 on the MTF Customer Satisfaction Survey as "not eligible to enroll".

4) The percent of AD members who do not know they have been passively enrolled inTRICARE=Percent of AD survey respondents who answer "Don't know" to question 14 on the MTF Customer Satisfaction Survey and who's CHCS data indicates that they are enrolled. This answer would be determined by sorting the CHCS data for the sample of users surveyed by the beneficiary field. Extract the AD members and view the enrollment type field for "Prime" . AD respondents who answered "yes" to question 14 and have a positive Prime enrollee value in CHCS will be considered a 1. AD respondents who answered anything other than "yes" to question 14 and have a positive Prime enrollee value in CHCS will be considered a 2. Those who answer other than yes and do not have a positive Prime enrollee value in CHCS will be scored as a 3. The percent of AD respondents to the survey that fall into each of these groups (1-3) will be reported.

Formula:

*** # varies according to sub-questions as described in Calculation**

**** # of respondents to question 14 on the MTF Customer Satisfaction Survey**

C. ** **Denominator**: Number of respondents to question 14 on the MTF Customer Satisfaction Survey.

D. * **Numerator**: Varies according to sub questions as described in Calculation above.

E. **Standards/Benchmarks** 100% for enrolled in TRICARE prime. % of space available care for under and over 65 beneficiaries should be determined at the local MTF level. AD who do not know they are enrolled and AD who are not enrolled should be 0%.

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Quarterly after Jun 97

I. **Notes**: Source of the data is the MTF Customer Satisfaction Survey which will be sent to the MTF by the survey contractor approximately Jun 97.

CUSTOMER SATISFACTION METRIC #10

Vote With Their Feet

A. **Performance Improvement Goals**: This metric will look at the overall perception of care at the particular clinic/MTF and give the user the opportunity to vote their overall impression of care by deciding if they would enroll/reenroll or disenroll. Real bottomline of all customer service efforts. Goal would be an increasing trend of users voting to enroll or reenroll on the basis of their experience at the specific MTF.

B. **Calculation**: Following implementation of the MTF Customer Satisfaction Survey, MTFs will be able to calculate this metric on a monthly rolling basis using the data received from the survey contractor. The responses of all survey respondents to question 17 (number may change) would be categorized as enroll/reenroll or disenroll. The percent of respondents in the enroll/reenroll group is the value for this metric. This can be calculated for each clinic that sees 200 or more outpatient visits per month or aggregated for MTF level results.

Formula:

$$\frac{*}{**} \quad \frac{\textbf{\# of respondents to the MTF CSS who answer question 17 as enroll/re-enrolled}}{\textbf{\# of respondents to the MTF CSS who answer question 17}}$$

C. **** Denominator**: Number of respondents to the MTF Customer Satisfaction Survey who answer question 17.

D. *** Numerator**: Number of respondents to the MTF Customer Satisfaction Survey who answer question 17 as enroll/reenroll.

E. **Standards/Benchmarks**: 100%

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Quarterly after Jun 97

I. **Notes**: Source of the data is the MTF Customer Satisfaction Survey which will be sent to the MTF by the survey contractor approximately Apr 97.

CUSTOMER SATISFACTION METRIC #11

Satisfaction With Advice Received About Ways To Avoid Illness And Stay Healthy

A. **Performance Improvement Goals** We are trying to lead the organization to move from a "mend and fix" focus to one of building health communities. Thus, a rating from our actual customers about the adequacy of the advice they receive, will give MTF's a barometer as to the customers perception of the adequacy of these prevention efforts. Goal is that the number of respondents rating the advice as good or better will increase.

B. **Calculation**: Respondents to question 38 (H9638R =1) and question 51 (H9651R=2) will give you the appropriate population. A constructed variable has been created XPASTUSE; select XPASTUSE = 1 or 3. Report the percent of respondents in the good to excellent group for question 47u.

Formula:

$$\frac{\text{* \# of respondents eligible to answer good to excellent}}{\text{** \# of respondents eligible to answer the question x (pastuse = 1 or 3)}}$$

C. ** **Denominator**: N of respondents eligible to answer the question x (pastuse= 1 or 3)

D. * **Numerator**: n of respondents who respond good to excellent

E. **Standards/Benchmarks**: 100%

F. **MHSS Report Card Mapping:**

G. **POC:** Theresa Aley/Major Susan Hall
HQ USAF/SGR DSN 297-0090

H. **Frequency:** Annual

I. **Notes**: Currently MTF's can obtain this data by contacting HQ AF/SGR at DSN 297-0090. In the near term however, this data will be available via the Web for both viewing and download. Procedures are being established to properly restrict access using this technology. It is anticipated that access to the data and graphical presentations via the web will occur by 30 June 1997.

FINANCIAL METRIC # 1

Spendline and Throughput Phase 1 (Rate of "Revenue" Generation)

A. **Performance Improvement Goals** Financial performance will be monitored through: 1. Analysis of spendline (actual vs budgeted expenditures) and 2. Calculation of throughput. Throughput is defined as the rate your system generates "profit" (value of services minus expenses). For this "training wheel metrics phase", throughput will include total "revenue" generated for outpatient services. The next phase will calculate expenditures associated with providing this care and will then net the revenue with this.

B. **Calculation:** This metric utilizes the following data elements from the Ambulatory Data System (ADS): 1) the 4-digit MEPRS code describing the department providing the care, 2) the CPT-4 code describing the care provided. To calculate the value of the outpatient services provided, a commercial database containing CPT-4 market values for each code was purchased. These values are defined for over 250 individual markets within the continental United States. For each 4-digit MEPRS designator, the value of each CPT-4 is determined and then summed up. This sum represents the commercial value of the procedures performed within that clinical department. Summing all departments provides the value of outpatient services as captured by the Ambulatory Data System (ADS) for the MTF. The user can group these economic values by either MAJCOM or TRICARE region.

E. **Standards/Benchmarks** To be determined by SG policy.

F. **QM/UM Mapping to**: Element #5: System Capacity Management

G. **Notes**: Contemporary leaders in managed care are utilizing financial accounting methods which produce dollars/per member/per month ($PMPM) by provider and type of service. SGMC is currently working to develop a $PMPM methodology applicable to the AFMS. Adherence to spendline and the calculation of value of services generated (using benchmark civilian reimbursement rates by CPT codes) represents only an initial step to standardize a financial performance metric. This methodology needs to be refined and implemented in the future, particularly with the advent of true capitation-based financing for TRICARE Prime enrollees.

H. **Frequency**: Weekly

I. **POC:** Lt Col James Counsman, HQ USAF/SGMC, DSN 297-5058

J. **Automation Status/Plan.** The data is pulled from ADS using a computerized routine requiring no additional human intervention. At present we are planning to pull the data on a weekly basis but this is subject to change as we become more familiar with the data and our requirement.

TABLE 1
FY 98AFMS Performance Measurement Tool

Current Metric Capability
(28 April 97)

METRIC	CURRENT CAPABILITY WITH AD HOCS	1 OCTOBER 1997
Technical Outcomes		
METRIC #1	X	
METRIC #2	X	
METRIC #3		X
METRIC #4	X	
METRIC #5	X	
METRIC #6	X	
METRIC #7	X	
METRIC #8	X	
METRIC #9	X	
METRIC #10	X	
METRIC #11		X
Customer Service		
METRIC #1		X
METRIC #2		X
METRIC #3		X
METRIC #4		X
METRIC #5		X
METRIC #6		X
METRIC #7		X
METRIC #8		X
METRIC #9		X
METRIC #10		X
METRIC #11		X
Financial		
METRIC #1	X	
Maryland Hospital		

Association Quality Indicators	
METRIC 1-10	**X**
METRIC A-1 – A-5	**X**

TABLE 2

FY 98 AFMS Performance Measurement Tool

METRIC FREQUENCY

Technical Outcomes

Metric #1: Monthly for first quarter of FY 98, then Quarterly
Metric #2: Monthly for first quarter of FY 98l, then Quarterly
Metric #3: Quarterly
Metric #4: Monthly
Metric #5: Monthly
Metric #6: Annually
Metric #7: Quarterly
Metric #8: Annually
Metric #9: Annually
Metric #10: Quarterly
Metric #11: Quarterly

Customer Satisfaction

Metric #1: Annually
Metric #2: Annually
Metric #3: Annually
Metric #4: Annually
Metric #5: Annually
Metric #6: Currently Annually/Quarterly after Jun 97
Metric #7: Quarterly after Jun 97
Metric #8: Quarterly after Jun 97
Metric #9: Quarterly after Jun 97
Metric #10: Quarterly after Jun 97
Metric #11: Annually

Financial

Metric #1: Weekly

Maryland Hospital Association Quality Indicators

Metric # 1-#10: Quarterly
Metrics A-1 - A-5: Quarterly

ATTACHMENT 1

Health Plan Employer Data And Information Set (HEDIS 3.0)

Generic Barriers to Current Implementation of HEDIS 3.0

Denominator

HEDIS requires enrolled in "plan" for one year---many areas do not have such a population

Numerator

HEDIS requires encounter data (ala ADS) with specific ICD-9 or CPT-4 codes---AFMS just coming on-line

Hybrid calculation

HEDIS requires sample selection and record review---very labor intensive -- requires sampling sophistication

HEDIS 3.0 Performance Measures *

Domains	Performance Measure
Effectiveness of Care	**Childhood Immunization Status** **Adolescent Immunization Status** **Advising Smokers To Quit** **Flu Shots for Older Adults** **Breast Cancer Screening** **Cervical Cancer Screening** **Prenatal Care in the First Trimester** **Low Birth-Weight Babies** **Check-Ups After Delivery** **Treating Children's Ear Infections** **Beta Blocker Treatment After a Heart Attack** **Eye Exams for People with Diabetes** **The Health of Seniors** **Follow-up After Hospitalization for Mental Illness**
Access/Availability of Care	**Adults' Access to Preventive/ Ambulatory Health Services** **Children's Access to Primary Care Providers** **Availability of Primary Care Providers** **Availability of Mental Health/ Chemical Dependency Providers** **Availability of Obstetrical and Prenatal Care Providers** **Initiation of Prenatal Care** **Low Birth-Weight Deliveries at Facilities for High-Risk Deliveries and Neonates** **Annual Dental Visit** **Availability of Dentist** **Availability of Language Interpretation Services**

*** NOTE: (National Committee for Quality Assurance; http://www.ncqa.org)**

HEDIS 3.0 Performance Measures *

Domains	Performance Measure
Satisfaction With The Experience of Care	Member Satisfaction Survey Survey Descriptive Information
Health Plan Stability	Disenrollment Provider Turnover Years in Business/Total Membership Indicators of Financial Stability Narrative Information on Rate Trends, Financial Stability and Insolvency Protection
Use of Services	Frequency of Ongoing Prenatal care Well-Child Visits in the First 15 Months of Life Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Adolescent Well-Care Visits Frequency of Selected Procedures Inpatient Utilization-General Hospital/ Acute Care Ambulatory Care Inpatient Utilization-Nonacute Care Discharge and Average Length of Stay-Maternity Care Cesarean Section Rate and Vaginal Birth After Cesarean Section Rate (VBAC-RAE) Births and Average Length of Stay, Newborns Mental Health Utilization-Inpatient Discharges and Average Length of Stay Mental Health Utilization-Percentage of Members Receiving Inpatient, Day/ Night Care and Ambulatory Services Readmission for Selected Mental Health Disorders Chemical Dependency Utilization-Inpatient Discharge and Average Length of stay Chemical Dependency Utilization-Percentage of Members Receiving Inpatient, Day/Night Care and Ambulatory Service

*** NOTE: (National Committee for Quality Assurance; http://www.ncqa.org)**

HEDIS 3.0 Performance Measures *

Domains	Performance Measure
Use of Services	**Readmission for Chemical Dependency** **Outpatient Drug Utilization**
Cost of Care	**Rate Trends** **High-Occurrence/High-CostDRGs**
Informed Health Care Choices	**New Member Orientation/Education** **Language Translation Service**
Health Plan Descriptive Information	**Board Certification/Residency Completion** **Provider compensation** **Physicians UnderCapitation** **Case Management** **Utilization Management** **Risk Management** **Quality Assessment and Improvement** **Recredentialing** **Preventive Care and Health Promotion** **Arrangements with Public Health, Educational and Social Service Entities** **Pediatric Mental Health Services** **Chemical Dependency Services** **Family Planning Services** **Total Enrollment** **Enrollment by Payer** **Unduplicated Count of Medicaid Members** **Diversity of Medicaid Membership** **Weeks of pregnancy at Time of Enrollment in the Health Plan**

*** NOTE: (National Committee for Quality Assurance; http://www.ncqa.org)**